

Claim Form for Loss by Theft or Straying, Advertising and Reward

PLEASE COMPLETE A SEPARATE FORM FOR EACH PET

N.B. Issue of this form does not constitute admission of liability on the part of the Insurers

- Please include all required documentation
- **CLAIMS RECEIVED THAT ARE INCOMPLETE OR MISSING INFORMATION WILL BE RETURNED TO YOU**
- Please send the completed form to: **Petplan, Great West House (GW2), Great West Road, Brentford, Middlesex TW8 9DX.**

We're happy to help!

If you need any help completing this form, please visit petplan.co.uk/my-petplan/howtoclaim.asp

Please complete using a BLACK PEN and BLOCK CAPITALS

1. Policyholder to complete

POLICY NUMBER

Reference letters not required

2. Policyholder to complete

ABOUT YOUR CLAIM

What are you claiming for?

Advertising

Reward

Loss

3. Policyholder to complete

ABOUT YOU

Policyholder address

Policyholder's surname

First name

Postcode

Telephone no.

Email address

(Required for electronic payments)

Mobile no.

Please ensure this address is where you wish to receive correspondence. Your policy will be updated to these details

4. Policyholder to complete

ABOUT YOUR PET

Your pet's name

Pet's Microchip no.

Pedigree name

Pet's date of birth / /

Dog

Cat

Rabbit

Male

Female

Breed

If crossbreed, please state dominant breed *(dogs only)*

Is your pet insured with any other company? Yes No

If Yes, please state which company

A. Where did you purchase your pet?

Name

Address

Postcode

Telephone no.

Email address

Date of purchase / /

Original purchase price: £ -

Value immediately prior to the loss

£ -

B. Please tell us the details of the police station the theft of your pet was reported to: *(continue overleaf if necessary)*

Name

Address

Postcode

Telephone no. (incl. STD)

Date reported / /

Police report no.

C. Please tell us the details of all the vet practices the loss of your pet was reported to: *(continue overleaf if necessary)*

Name

Address

Postcode

Telephone no. (incl. STD)

Date reported / /

5. Policyholder to complete

LOSS

A. When did you first notice your pet was missing?

(A claim cannot be submitted in respect of a pet until 30 days have elapsed)

Date / / Time

Place

B. Where and when was your pet last seen?

Date / / Time

Place

C. If your pet has been recovered, please state

Date / / Time

Place

5. Policyholder to complete

LOSS CONT.

Please tell us the circumstances of loss

Blank lines for describing the circumstances of loss.

Please continue on a separate sheet if necessary

If your claim is for a cat, please state if it is an indoor or outdoor cat

Indoor Outdoor

If your cat is outdoor, please describe its normal routine

Blank lines for describing the cat's normal routine.

Please submit the below documentation

- Missing poster, Purchase receipt, Pedigree certificate, Kennel Club / GCCF registration, Copies of all advertising (online web links or paper copies)

You must include copies of advertising (please note you must have advertised your pet before making a claim for loss, theft or straying)

Please ensure your vet has signed the declaration in section 9.

6. Policyholder to complete

ADVERTISING - Dogs & Cats only

Amount claimed for advertising £ -

Please give full details

Please submit the below documentation

- Missing poster, Receipts for any advertising costs, Copies of all advertising (online web links or paper copies)

Please ensure your vet has signed the declaration in section 9.

7. Policyholder to complete

REWARD - Dogs & Cats only

Have you paid a reward? Yes No

Was the reward agreed in advance with Petplan? Yes No

Please state amount £ -

Please submit evidence of the reward being paid to the person who found your pet, giving their name, address, contact number, and email.

8. Policyholder to complete

PAYEE DETAILS

Direct Debit customers

Claims payments will be paid into the bank account from which your premium is collected. Please ensure you have given us your email address in Section 3 to avoid delay in settlement.

N.B. In cases where a missing pet is recovered subsequent to payment of a claim the claimant agrees to reimburse Petplan the full amount received in respect of their claim.

Please sign here

X

Print name

Date / /

By signing this form I authorise Petplan to provide the veterinary practice with information about my policy in respect of this claim and the veterinary practice to provide Petplan with the information relating to my pet. I also confirm I have checked the information given on this form and that it is correct to the best of my knowledge.

9. Reporting officer/veterinary practice to complete

DECLARATION

Please ensure this section is completed and stamped

Date reported missing / /

Police registration no. (if applicable)

I confirm that the loss of the above pet has been reported

Position

Please sign here

X

Print name

Date / /

Practice stamp (if applicable)

To ensure this claim is dealt with quickly please note your Petplan Practice number here

Petplan Practice no. []

Police/vet practices contacted (continued)

Blank lines for listing police/vet practices contacted.

Please continue on a separate sheet if necessary

Important note - Please send completed claim forms including copies of all receipts and vet histories to: Petplan, Great West House (GW2), Great West Road, Brentford, Middlesex, TW8 9DX.

Petplan is a trading name of Pet Plan Limited (Registered in England No. 1282939) and Allianz Insurance plc (Registered in England No. 84638), Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB. Pet Plan Limited is authorised and regulated by the Financial Conduct Authority. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.